**Southwest AMCP AFFILIATE**

**STUDENT PHARMACY PROGRAMS – GILEAD and LEO PHARMA**

**DUE DATE: May 3, 2024**

**Eligibility:** Applicant must be a **P2 – P4 PharmD student** during the 2024-2025 academic school year (starting Fall 2024) at one of the accredited Colleges of Pharmacy within the Southwest AMCP Affiliate region and a **current member of the national AMCP organization**. Students may participate once (1) in each program (i.e., a student may participate in the Gilead Student Pharmacy Program one year and LEO Pharma Student Shadowing Day another year). Applicants must complete a brief essay on what they will gain from attending the student pharmacy program(s) and how the experience will contribute to their professional goals related to pharmacy.

**Ranking Criteria:** AMCP Affiliate Board members will conduct the applicant review. The evaluation will be based on submitted essays, completed application forms, and submitted CVs. No letter of recommendation is required.

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| **NAME** |  |
| **COLLEGE OF PHARMACY** |  |
| **2024-2025 PHARMACY YEAR (P2, P3, OR P4)**  |  |
| **ADDRESS** |  |
| **E-MAIL ADDRESS** |  |
| **PHONE #** |  |
| **NATIONAL AMCP MEMBER #** |  |

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| **Which student pharmacy program(s) are you applying to? (Please select ONE of the following)** |
| **[ ]  LEO Pharma Student Shadowing Day (August 14-15th, 2024)****[ ]  Gilead Student Pharmacy Program (September 10-11th, 2024)****[ ]  I would like to be considered for either program** |
| **ESSAY #1:** What will you gain from attending the student pharmacy program(s)? \*\*Maximum 250 words\*\* |
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| **ESSAY #2:** How will the student pharmacy program(s) contribute to your professional goals? \*\*Maximum 250 words\*\* |
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| **List any prior work experience not in pharmacy or healthcare (if available).** |  |
| **List any managed care or industry internships (if available).** |  |
| **Have you competed in the AMCP P&T Competition at your school? (or completed a P&T Competition submission).****\*Please note if local or national****\*\*If no student AMCP chapter at your school please note** |  |
| **List any research experience, posters presented (indicate conference/location), podium presentation, and journal publication.** |  |
| **List any volunteer experience during pharmacy school, including examples (i.e., health fairs, clinics, etc.)** |  |
| **List any leadership position(s) nationally (indicate if it is a pharmacy or non-pharmacy organization).** |  |
| **List any leadership position(s) in a pharmacy organization at your school.**  |  |
| **List any recognitions received for academic and/or leadership accomplishments (i.e., Honors, Dean’s list, etc.)**  |  |
| **Have you attended an AMCP Affiliate Day of Education? If yes, please indicate which one.** |  |
| **List AMCP Affiliate Social and Educational Events attended (other than Day of Education).** |  |